

<i>SERFF Tracking Number:</i>	<i>UTAC-125957924</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental General Insurance Company</i>	<i>State Tracking Number:</i>	<i>41280</i>
<i>Company Tracking Number:</i>	<i>CGI PRE STD 2009</i>		
<i>TOI:</i>	<i>MS02I Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02I.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>CGI MS Rate increase filing 2009</i>		
<i>Project Name/Number:</i>	<i>CGI MS Rate increase filing 2009/</i>		

## Filing at a Glance

Company: Continental General Insurance Company

Product Name: CGI MS Rate increase filing 2009      SERFF Tr Num: UTAC-125957924      State: ArkansasLH

TOI: MS02I Individual Medicare Supplement - Pre-Standardized      SERFF Status: Closed      State Tr Num: 41280

Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized      Co Tr Num: CGI PRE STD 2009      State Status: Approved-Closed

Filing Type: Rate	Co Status:	Reviewer(s): Stephanie Fowler
	Author: Naz Melyas	Disposition Date: 01/21/2009
	Date Submitted: 01/08/2009	Disposition Status: Approved

Implementation Date Requested: On Approval      Implementation Date: 01/21/2009

State Filing Description:

## General Information

Project Name: CGI MS Rate increase filing 2009

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 14%

Filing Status Changed: 01/21/2009

State Status Changed: 01/21/2009

Corresponding Filing Tracking Number:

Filing Description:

Subject: Continental General Insurance

NAIC Number: 71404

Pre-Standardized Medicare Supplement Rate Filing for 2009

Form Number: 323, 335 and 3DK

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Pending approval

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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<i>Company Tracking Number:</i>	<i>CGI PRE STD 2009</i>		
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
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Enclosed for your review and approval, please find copies of an Actuarial Memorandum and rate sheets in support of a proposed rate increase on the above referenced product. The rate increase will be effective on the policy anniversary date subsequent to state insurance department approval and in accordance with state policyholder notification requirements.

This filing applies to all in-force policies in this state with the above referenced form number.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state. If you have any questions or comments regarding this filing, please feel free to contact me at (800) 880-8824 extension 1595 or at nmelyas@gafri.com. Our fax number is 512-451-1399

## Company and Contact

### Filing Contact Information

Naz Melyas, Actuarial Technician	NMelyas@gafri.com
11200 Lakeline Boulevard #100	(866) 459-4272 [Phone]
Austin, TX 78717	

### Filing Company Information

Continental General Insurance Company	CoCode: 71404	State of Domicile: Nebraska
11200 Lakeline Blvd., Suite 100	Group Code: 84	Company Type: Life & Health
P. O. Box 26580		
Austin, TX 78755-0580	Group Name:	State ID Number:
(800) 880-8824 ext. [Phone]	FEIN Number: 47-0463747	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 fee for prestandard filing
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental General Insurance Company	\$50.00	01/08/2009	24901007

SERFF Tracking Number:	UTAC-125957924	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	01/21/2009	01/21/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Clarification	Note To Reviewer	Naz Melyas	01/21/2009	01/21/2009
Clarification	Note To Filer	Stephanie Fowler	01/21/2009	01/21/2009

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## Disposition

Disposition Date: 01/21/2009

Implementation Date: 01/21/2009

Status: Approved

Comment: We have approved the requested 14% rate increase for Forms 323, 332 (Plan Code 335), 332 (Plan Code 3DK). This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
Continental General Insurance Company	14.000%	\$1,881	3	\$13,439	14.000%	14.000%	14.000%

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved	No
<b>Rate</b>	Current and Proposed Rates	Approved	Yes

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**Note To Reviewer**

**Created By:**

Naz Melyas on 01/21/2009 03:19 PM

**Subject:**

Clarification

**Comments:**

This rate increase will apply to forms, 323, 335, 3DK. Please let me know if you have any other questions. Thanks

Naz Melyas

## Note To Filer

Stephanie Fowler on 01/21/2009 03:10 PM

### Clarification

Please clarify which form numbers this rate increase would be applied to.

Thank you,  
Stephanie Fowler, ACS, ACP



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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Serff
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	5.000%
<b>Effective Date of Last Rate Revision:</b>	03/01/2008
<b>Filing Method of Last Filing:</b>	Serff

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Continental General Insurance Company	14.000%	14.000%	\$1,881	3	\$13,439	14.000%	14.000%

<i>SERFF Tracking Number:</i>	<i>UTAC-125957924</i>	<i>State:</i>	<i>Arkansas</i>
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## Rate/Rule Schedule

<b>Review Status:</b>	<b>Document Name:</b>	<b>Affected Form Numbers: (Separated with commas)</b>	<b>Rate Action:</b>	<b>Rate Action Information:</b>	<b>Attachments</b>
Approved	Current and Proposed Rates	335, 323, 3DK	New		Current rates.pdf Proposed rates.pdf

CONTINENTAL GENERAL INSURANCE COMPANY  
6201 Johnson Drive \* P.O. Box 29136 \* Mission, KS 66201-9136

**Arkansas**  
**MEDICARE SUPPLEMENT PREMIUMS**  
**for Person Age 65 and Over**  
Issue Age Annual Premiums  
**2008**

Policy Form: **Form 323**

Plan Code: **323**

<u>Payment Mode</u>	<u>Base Premium</u>
Annual	\$4,119.34
Semi-Annual	\$2,142.06
Quarterly	\$1,091.63
Monthly Direct	\$370.74
Monthly Bank Draft	\$350.14

Note: Premiums do not increase because of age change.

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Issue Age Annual Premiums  
**2008**

Policy Form: **Form 332 - Issues 11/05/91 and Later**  
***Includes Prescription Drug Coverage***  
Plan Code: **335**

<u>Payment Mode</u>	<u>Annual Premium</u>
Annual	\$4,586.27
Semi-Annual	2384.86
Quarterly	1215.36
Monthly Direct	412.76
Monthly Bank Draft	389.83

Note: Premiums do not increase because of age change.

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Issue Age Annual Premiums  
**2008**

Policy Form: **Form 332 - Issues 11/05/91 and Later with**  
Rider Form: **EC-352 Excludes Prescription Drug Coverage**  
Plan Code: **3DK**

<u>Payment Mode</u>	<u>Annual Premium</u>
Annual	\$4,581.68
Semi-Annual	2382.47
Quarterly	1214.15
Monthly Direct	412.35
Monthly Bank Draft	389.44

Note: Premiums do not increase because of age change.

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**Arkansas**  
**MEDICARE SUPPLEMENT PREMIUMS**  
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Issue Age Annual Premiums  
**2009**

Policy Form: **Form 323**

Plan Code: **323**

<u>Payment Mode</u>	<u>Base Premium</u>
Annual	\$4,696.04
Semi-Annual	\$2,441.94
Quarterly	\$1,244.45
Monthly Direct	\$422.64
Monthly Bank Draft	\$399.16

Note: Premiums do not increase because of age change.

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**Arkansas**  
**MEDICARE SUPPLEMENT PREMIUMS**  
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Issue Age Annual Premiums  
**2009**

Policy Form: **Form 332 - Issues 11/05/91 and Later**  
***Includes Prescription Drug Coverage***  
Plan Code: **335**

<u>Payment Mode</u>	<u>Annual Premium</u>
Annual	\$5,228.35
Semi-Annual	2718.74
Quarterly	1385.51
Monthly Direct	470.55
Monthly Bank Draft	444.41

Note: Premiums do not increase because of age change.

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**Arkansas**  
**MEDICARE SUPPLEMENT PREMIUMS**  
**for Person Age 65 and Over**  
Issue Age Annual Premiums  
**2009**

Policy Form: **Form 332 - Issues 11/05/91 and Later with**  
Rider Form: **EC-352 Excludes Prescription Drug Coverage**  
Plan Code: **3DK**

<u>Payment Mode</u>	<u>Annual Premium</u>
Annual	\$5,223.12
Semi-Annual	2716.02
Quarterly	1384.13
Monthly Direct	470.08
Monthly Bank Draft	443.97

Note: Premiums do not increase because of age change.